TOWN OF WHITESTOWN, INDIANA PARTICIPANT WAIVER, RELEASE, AND INDEMNITY

Participant Name:	
	NOT JUST THE EVENT(S) LISTED ABOVE).
the Town of Whitestown, Indiana or any of its depail but not limited to the specific event referenced above harmless Whitestown and its officials, employees, and damages (including attorneys' fees and other costs of or nature that may be made or brought by me, my fail property damage, personal injury or death in connection the negligence or wrongful acts of Whitestown. Without limitation, claims that may arise from the action for or organizations benefitting from any of these punderstand that I may be engaging in physical activitiand unanticipated risks, and I accept and assume also be responsible for my own safety. I understand that have any medical condition that would cause me acknowledge that Whitestown has no duty to do so. I is intended to be as broad and inclusive as permitte the rest of it will still be valid and enforceable. How lawfully be released by private agreement. I also was be filed, maintained, or litigated against Whitestown	articipation in one or more projects, events, or activities of attments or agencies (collectively, "Whitestown"), including re, I hereby waive, release, discharge, indemnify and hold other representatives from any and all liability, losses of defense) from claims, suits or demands of whatever kind mily or my estate, heirs or assigns arising or resulting from ction with my participation in these events, even if arising. This Participant Waiver, Release, and Indemnity includes ons or omissions of Whitestown, or any of the co-sponsors or ojects or events, or their respective representatives. It risks of participation in any of these events and agree to at Whitestown has not undertaken to determine whether to be unfit to participate in any of these projects, and agree that this Participant Waiver, Release, and Indemnity of by Indiana law, and if any part of it is held to be invalid ever, the release does not apply to any claim that cannot arrant and agree that no action or lawsuit of any nature will resulting from my participation in such event(s). I will pay fees, incurred by Whitestown in enforcing any provision
and recorded voice, obtained in connection with my pand publicize any and all operations and activities of Whitestown and may be in any form of media. By sfrom any and all claims (including but not limited to lib of rights to publicity) arising out of the use by Whitest	nout compensation, my likeness, name, photograph, image participation in any of these projects, to advertise, promote of Whitestown. Such use shall be in the sole discretion signing this form, I expressly waive and release Whitestown oel, defamation, invasion of rights to privacy or infringementown of my likeness, name, photograph, image or recorded aspect or approve any such intended use of my likeness estown prior to its actual use.
and understand and agree to its terms, or a parameters, and Indemnity, has read, understands and agrees to be responsible for my safety. If the n	e read this Participant Waiver, Release, and Indemnity arent or guardian is also signing this Participant Waiver agrees to its terms for himself or herself and on my behal named Participant is a minor child, the undersigned parent to authorize emergency medical treatment as may be the activities described above.
Signature	Date
Signature of Parent or Guardian (if Participant is under 18 years old)	Printed Name of Parent or Guardian (if Participant is under 18 years old)